## UTAH VICTIM ASSISTANCE ACADEMY WEBER STATE UNIVERSITY JUNE 23-27, 2008 Participant Application

## **Applicant Information**

Applicant Name:			
Organization:			
Street Address:			
		City	Zip
Mailing Address:		City	Zip
County or Counties Se	rved:		
Phone(s):	Crisis line(s):	Fax:	
TTY:	E-mail:	Web Site:	
Current position:	Staff or volu	unteer:	
Education:	Degree:	Year:Major:	
Do you currently have	access to a computer with a CD driv	ve?	
What word processing	program do you use? WordPerfec	t or Microsoft Word?	
How long have	working in your position?		

## **Work Experience**

	1.	Please briefly state your motivation for attending the 2008 Utah Victim Assistance Academy and how your participation will benefit you, your organization, and your community.
	2.	Please briefly relate your work or volunteer experience over the last five years. Please briefly include additional pertinent information for the selection committee reviewing your application.
3.	ls y	our position VOCA or VAWA funded? If so, please indicate which one

## **Supervisor and Applicant Commitments**

Please complete, review, and include both your supervisor's signature and your signature as indicated.
Supervisor name:
Supervisor phone number and extension:
The Utah Victim Assistance Academy is a comprehensive curriculum requiring each attendee participate in 40 classroom hours of learning. Your signature below signifies your commitment to punctuality and attendance during the entire Utah Victim Assistance Academy.
Applicant signature and date:
The 2008 Utah Victim Assistance Academy is a comprehensive curriculum requiring each attendee participate in 40 classroom hours of learning. As the applicant's supervisor, I understand the attendance commitment. I also understand that certificates of completion are only awarded to attendees participating in all 40 hours of training.
Supervisor signature and date:
Please mail the original copy of your completed application form to:  Utah Victim Assistance Academy Attention: Cacey Yeates  Office of Crime Victim Reparations  350 East 500 South Ste. 200  Salt Lake City, UT 84111
Additional questions?

Application due date: June 6, 2008 Tuition Cost: \$300.00

Telephone:

Email:

Fax:

801-297-2627

<u>cyeates@utah.gov</u> 801-533-4127

Tuition must be submitted prior to the start of the Academy. State employees can pay with an IAT. Please wait until you receive a letter of acceptance before sending tuition payment.

The Utah Victim Assistance Academy will make accommodations to meet individual needs based upon disability. Please contact Cacey Yeates with specific needs.